

FROM McANDREWS, HELD, & MALLOY

(TUE) 10. 25' 05 20:27/ST. 20:27/NO. 4861050673 P 1



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OCT 25 2005

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TO: Examiner Marceau Milord  
Group Art Unit 2682

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772

MATTER: 15258US08

Number of Pages This Transmission (Including Cover Page): 71

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A handwritten signature of Michael T. Cruz in black ink.  
Michael T. Cruz  
Reg. No. 44,636

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/698,498	CENTRAL FAX CENTER
	Filing Date	October 27, 2000	OC 25 2005
	First Named Inventor	Ahmadreza Rofougaran	
	Art Unit	2682	
	Examiner Name	Marceau Milord	
Total Number of Pages in This Submission	70	Attorney Docket Number	15258US08

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form (1 Page)</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extens. of Time Req. (1 Page)</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> <b>Appeal Communication to Board of Appeals and Interferences</b> <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> Please see Remarks below
Remarks: Appeal Brief is enclosed in Triplicate. Each Appeal Brief is 22 pages. Extension of Time Request is filed in Duplicate.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>		Date: October 25, 2005

**CERTIFICATE OF FACSIMILE TRANSMISSION**

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Signature	<i>Michael T. Cruz</i>		Date: October 25, 2005

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Effective on 12/08/2004.  
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number 08/898,498  
Filing Date October 27, 2000  
First Named Inventor Ahmadreza Rofougaran  
Examiner Name Marceau Miron  
Art Unit 2882  
Attorney Docket No. 15258US08

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OCT 25 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	500	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims Fee Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims -3 or HP Extra Claims Fee(\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid(\$)

-100 /50 (round up to a whole number) x =

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing a Brief in Support of an Appeal \$500; one-month extension of time \$120

Fee Paid(\$)

620

### SUBMITTED BY

Signature	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8084
Name (print/type)	Michael T. Cruz	Date	October 25, 2005		